01-20-08

OIPE		PART B					
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01/23/2006 MAHMED2 00000108 10666832				Kathryn L. Hester, Ph.D. (Dépositor's name)			
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP			(Signature) *** BY EXPRESS MAIL ON 01/19/2006*** (Date)			
APPLICATION NO.	FILING DATE	j	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/666,832	09/17/2003		Donald E. Wed	er	8403.952	6841	
TITLE OF INVENTION:	METHOD OF COVE	ERING A POT	TED PLANT				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$300	\$1700	01/19/2006	
EXAM	EXAMINER ART		IT G	LASS-SUBCLASS]		
PALO, FRANCIS T 364		3644		047-072000			
"Fee Address" indicat	ence address (or Change of (2) attached: ion (or "Fee Address" Indica r more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGNI Wanda M. Weder and Will	an assignée is identified be 37 CFR 3.11. Completion	clow, no assignce of this form is NO (B ly but solely	data will appear on Fa substitute for film	the patent. If an assign	ice is identified below, the d	ocument has been filed for	
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the patent):	☐ Individual 🖾 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are ✓ Issue Fee ✓ Publication Fee (No st ✓ Advance Order - # of	Payment by cree	mount of the fee(s) is er lit card. Form PTO-2030 hereby authorized by c imber		credit any overpayment, to opy of this form).			
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See		Dh Annlicant is n	o longer claiming SMA	LL ENTITY status: See 37 C	FR 1 27(e)(2)	
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Authorized Signature		Date	01/19/2006				
Typed or printed name K	Ph.D.		Registration No. 46,768				
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